

Practitioner's Docket No.: 1139.23

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

John S. Fisher et al.

Serial No.: 10/065,704

Filed: 11/12/2002

For: Bioabsorbable Marker Having External
Anchoring Means

Examiner: Lin, Jeoyuh

Art Unit: 3737

Confirmation No.: 4253

Faxed to Technology Center 3700 at (703) 872-9302
Box Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is an independent inventor. A statement was already filed.

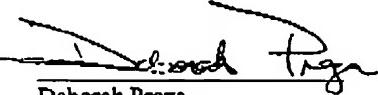
EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Second Preliminary Amendment is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3737, Attn: Jeoyuh Lin, (703) 872-9302 on June 18, 2003.

Dated: June 18, 2003


Deborah Preza

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

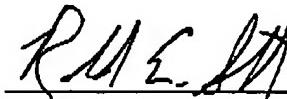
(Col. 1)	(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total 84	Minus 45	= 39	x \$9 =	\$351.00
Indep. 20	Minus 14	= 6	x \$42 =	\$252.00
First Presentation of Multiple Dependent Claim				+ \$140 = \$0
				Total Addit. Fee \$603.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

An additional fee for claims is required.
A Credit Card Payment Form in the amount of \$603.00 is attached.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
If any additional fee for claims is required, charge Deposit Account No. 500745.



SIGNATURE OF PRACTITIONER

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